



STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

RECEIVED

JAN 20 2010

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

NOTE: THIS FORM IS **ONLY** TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease
☐ Purchase
☒ Donation
☒ Other

Explain: Irrigation Efficiencies Project(Ditch piping)

- ☒ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE 04/01/2010

END DATE 06/30/2010

FOR OFFICE USE ONLY

FILE No. _____ WRIA _____

DATE ACCEPTED ____/____/____ BY _____

FEE \$ _____ REC'D ____/____/____

CHECK No. _____

SEPA: ☐ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME West End Irrigation District	PHONE NO. (509) 382-4916	FAX NO. ()
ADDRESS 719 W. Commercial St.		
CITY Dayton	STATE WA	ZIP CODE 99328

CONTACT NAME (IF DIFFERENT FROM ABOVE) Phyllis Straube	PHONE NO. (509) 382-4916	FAX NO. ()
ADDRESS 719 W. Commercial St		
CITY Dayton	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Touchet River Adjudication Cert. No. 99	RECORDED NAME(S) West End Irrigation District
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input checked="" type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s):	

3. Point(s) of Diversion/Withdrawal:

[illegible]

4. Purpose of Use:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 30.64 acres	0.408	Up to 183.8	April 1 to Sept. 15
	0.613		Sept. 15 to April 1

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream flow augmentation (0.16 cfs for April, May and June)	28.3

A. Existing:

Lands within the boundaries of the West End Irrigation District. Please see attachment

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Columbia		

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO – IF NO, PROVIDE OWNER(S) NAME:

6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
Touchet River from old point of diversion (SE¼NW¼ of Sec. 30, T. 10 N., R. 39 E.W.M.) to a point downstream where it is determined that all return flows from conveyance losses have returned to the river. Please see attachment.

6. Remarks and Other Relevant Information:

This trust application is to complete a contractual obligation to place water saved through a ditch canal lining project into Trust. The total quantities of water to be placed into trust under Touchet River Adj. Cert. Nos. 99, 135 and 216 are not to exceed 1.22 cubic feet per second, 221 acre-feet per year, during the months of April, May and June only.
This application also requests a change in POW as part of the irr. eff. Project (div. consolidation)

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Robert Warren 12/09/09
(Applicant) Board member (Date)

Robert B. Zies 12/8/09
(Water Right Holder) Board member (Date)

Paul Hurlburt 12/08/2009
(Land Owner(s) of Existing Place of Use) Board member (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

ATTACHMENT FOR APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

Point(s) of Diversion/Withdrawal - ☐ Existing ☒ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Touchet River		SE	SE	30	7	39 E		

B. Proposed Purpose of the Trust Water Right

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:	
PURPOSE OF USE	ACRE-FEET/YR
Instream flow and fish habitat enhancement benefits	28.3

Place of Use - ☒ Existing:

LEGAL DESCRIPTION OF LANDS							
<u>Please see attachment.</u>							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: